!	Ff.	,
1	FL 02/0	9/01

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## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
			<del>                                     </del>	
FEE DETERMINATION		10/	1/2/2	
O.I.P.E. CLASSIFIER		14	11 10	
FORMALITY REVIEW	H3	866	09.07.0	
RESPONSE FORMALITY REVIEW	M.H.	625	0)-74.01	

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	Dajacted	Ν	Non-elected
<b>/</b>	nejected	1	Interference
=	Allowed		
_ (Through numeral)	Canceled	Α	Appeal
±	. Restricted	0	Objected

*	Restricted	0	Objected
200	Claim	Date	Claim Date
Claim Date			
Final government of the state o	Final		Original
Final Oxtgin	i o	<del>╶╎╸╽╶┦╌┩</del> ╾╂╼┩╴┞	101
	51	<del>╶┤╸</del> ┤╶┼╌┼╌┤╴┞	102
	52 53	<del>╶┧╸┞╸┞</del> ╶┞	103
	54	<del>╶┤╸┤╶┤╶</del> ┤╴╎	104
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18	68	<del>╎╸╎╸╎╸╎╸┤╸</del> ┼╸ <del>┤</del>	119
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20 1	70	<del>╿╸╎╸╎╸╎╸╎╸</del> ┤	121
21	71 72	<del>╏╸╏╸╏╸╏</del>	122
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23 2	74	+ + + + + + + + + + + + + + + + + + + +	124
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29	79	<del>┨╏╏</del> ┼┼┼┼┪	130
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32 33	83		133
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36	86	<del>┤┤┤┤</del>	137
37	87	<del>                                     </del>	138
38	88	<del>┤</del> ┼┼┼┼┼┼	139
39	90	+++++	140
40	91		141
41 42	92	++++	142
42	93		143
44	94		144
45	95		146
46	96	<del></del>	147
47	97		148
48	98	-+	149
49	100	<del>                                      </del>	150
50			

If more than 150 claims or 10 actions staple additional sheet here